

Case Number:	CM13-0031933		
Date Assigned:	12/04/2013	Date of Injury:	08/16/2009
Decision Date:	01/29/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is 47-year-old male with a date of injury on 8/16/09. There are no recent medical reports or reevaluations to review other than PTP PR2 dated 3/26/12 which indicates patient had some residual symptoms in the cervical with chronic headaches and some residual stiffness, with pain and tenderness in the lumbar spine and tenderness in the shoulders anteriorly with pain at terminal motion. His diagnosis at the time is consistent of cervical discopathy, RT/LT shoulder impingement, superior labral tear, and status post left L5-S1 L&D. The patient was declared P&S on that date. There is an EMG/NCS on 8/20/12 with findings of bilateral CTS. There are RFA's from PTP dated 9/11/13 for the requested medications, however the treating physician's PR2 on that date lacks examination findings as it only lists requested medications. The UR decision report states there was lack of information with multiple attempts made to get needed documentaion. The diagnosis on the RFA's consist of lumbago, cervicalgia, shoulder impingement and CTS. The request is for medications as listed below.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

100 Naproxen Sodium 550mg ([REDACTED]): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: CA MTUS chronic pain guidelines page 67 state that NSAIDS should not be used on long term basis. There is no information given in the records as to this request. There is no documentation as to the duration of treatment. The request is made by long-term pharmacy and therefore it is assumed that the medication and use a long-term basis. Therefore as there is no information to assess the need for this medication, and it is under assumption that it has been used for long-term, it is not medically necessary.

120 Cyclobenzaprine Hydrochloride 7.5mg (██████████): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexiril(Cyclobenzaprine) Page(s): 41.

Decision rationale: CA MTUS chronic pain guidelines page 41 state that flexeril (cyclobenzaprine), should be used on short term basis only. There is no information given in the records as to this request. There is no documentation as to the duration of treatment. The request is made by long-term pharmacy and therefore it is assumed that the medication and use a long-term basis. Therefore as there is no information to assess the need for this medication, and it is under assumption that it has been used for long-term, it is not medically necessary.

18 Sumatriptan Succinate 25mg (██████████): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Migraine Section.

Decision rationale: CA MTUS does not address migraine treatment. Other guidelines were used. ODG in the migraine section/ triptans states: In this case, there is no information regarding the use of this medication or is there any information regarding the preference of this medication over other triptans. There is no information regarding the patients diagnosis of migraine. Therefore as documentation is not sufficient to show the need for this particular medication, it is not medically necessary.

60 Ondansetron ODT 8mg (██████████): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: CA MTUS does not address ondansetron. ODG pain chapter states that this medication is to treat nausea and vomiting secondary to chemotherapy and radiation treatment. It is also approved for postoperative use. This patient has no record of recent surgery nor need for post chemotherapy or radiation sickness. Guidelines do not recommend this medication for opioid induced nausea or vomiting. There is no indications patient is being treated for chemotherapy or radiation induced nausea and vomiting nor is there indication the patient just had an operation. Therefore as guidelines suggest, and there is no documentation as to the need of this medication, it is not medically necessary.

120 Omeprazole DR 20mg [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: CA MTUS chronic pain guides page 68 suggest that PPI be used if the patient meets certain criteria for use. There is no indication that this patient meets chronic pain guideline recommended use for proton pump inhibitors. There is no documentation the patient has any gastrointestinal events in the past nor that the patient is over the age of 65 nor that the patient is on a combination non-steroidal anti-inflammatory treatment. Therefore this medication is not met in necessary.

30 Quazepam 15mg ([REDACTED]): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: CA MTUS chronic pain guidelines page 24 state that benzodiazepines should be used on short term basis only. There is no information given in the records as to this request. There is no documentation as to the duration of treatment. The request is made by long-term pharmacy and therefore it is assumed that the medication and use a long-term basis. Therefore as there is no information to assess the need for this medication, And it is under assumption that it has been used for long-term, it is not medically necessary. Additional records would be needed for this review. Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks.

30 Medrox Patch [REDACTED] Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The patient does not have clear documentation of trying and/or failing first line oral analgesics, which, per ACOEM in chapter 3, are a first line palliative method. There is, consequently, no support for usage of topical agents and/or topical compounds, which are per ACOEM table 3-1 "not recommended" and are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the original utilization review decision is upheld. As this is a chronic pain case with date of injury of January 20, 2011, the MTUS Chronic Pain Medical Treatment Guidelines are applicable and the primary guideline selected here. However, MTUS 9792.22.a suggests that the Chapters 1-3 are applicable to any date of injury as they address 'General Approaches' for treatment. The text of the MTUS regulations does not seemingly suggest that Chapters 1-3 of ACOEM, 2nd edition have been superseded by the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the Chapter 3 ACOEM topic on oral pharmaceuticals has been added to augment the MTUS Chronic Pain Medical Treatment Guidelines 'Topical Analgesics' topic.

90 Tramadol Hydrochloride ER 150mg ([REDACTED]): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Back Pain Page(s): 80.

Decision rationale: CA MTUS chronic pain guides page 80 discuss opioids for chronic pain. The guides state that they should not be used for headaches and they should not be used more than a short course for chronic back pain. In addition, it is not recommended for use in osteoarthritis as a first-line therapy. There is no documentation in this record to give an indication of what specifically the opioids are being used for and also if there is any functional improvement or decrease in pain with this medication. As this information is not present, this treatment is not medically necessary.

30 Levofloxacin 750mg ([REDACTED]): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: CA MTUS does not address antibiotics. ODG suggests levofloxacin as "Recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia

(CAP). See Bone & joint infections: osteomyelitis, acute; Lower respiratory infections: chronic bronchitis; & Lower respiratory infections: pneumonia (CAP)." There is no documentation to support the use of this medication. There is no indication the patient has osteomyelitis or why the patient needs a two week course of antibiotics. There is no documentation supporting this medication, therefore it is not medically necessary.